

Behavioral Health Advisory Council  
Meeting Minutes  
November 22, 2013

**Members Present:** Sonia Acosta (via phone), Julie Barron, Joelene Beckett (via phone), Linda Burghardt, Karen Cashen, Elmer Cerano, Beck Cienki (via phone), Scott Clark (for Stephanie Oles), Michael Davis, Norm DeLisle, Elizabeth Evans, Mary Beth Evans (via phone), Benjamin Jones, Janet Kaley (for Mary Chaliman), Lauren Kazee, Marlene Lawrence, Kevin McLaughlin, Chris O'Droski, Kevin O'Hare, Jeff Patton (via phone), Jamie Pennell, Neicey Pennell, Marcia Probst, Mark Reinstein, Rafael Rivera (for Lonnetta Albright), Ben Robinson, Lori Ryland, Kristie Schmeige, Patricia Smith, Sally Steiner, Brian Wellwood, Cynthia Wright

**Members Absent:** Amy Allen, Shareen McBride, Jeff Wieferich, Grady Wilkinson,

**Others Present:** Crystal Carrothers, Sean Bennett, Deborah Hollis, Liz Knisely, Larry Scott, Jennifer Stentoumis

**Call to Order:**

The meeting was called to order at 10:15 a.m.

**Introductions**

Everyone introduced themselves.

**Approval of the September 13, 2013 Minutes:**

There was one correction to the minutes to add Sally Steiner as present via phone. Ben moved and Linda seconded. The minutes were approved.

**Behavioral Health & Developmental Disabilities Administration Updates**

*1915(b) Waiver:* The Department is looking at several options for updating the 1915(b) Waiver to accommodate all the changes taking place. So, the 1915(b) Waiver will be extended through September 2014, instead of instituting the 1915(i) as previously discussed, to take some time to create a plan that will work with all these changes. Liz discussed the problems of cost effectiveness. The federal government has already informally approved the extension of the 1915(b).

*Duals Project:* The project is moving forward with the four regions. Integrated Care Organizations (ICOs) have been chosen and they will start July 1, 2014. There is more information on the MDCH website about the ICOs and the project.

*Mental Health & Wellness Commission:* There are recommendations forthcoming. One area where they will be making recommendations is employment. Another sub-committee of diverse people and national consultants was already convened to discuss employment for people with disabilities in Michigan. The work from this subcommittee will go to Director Haveman to move up to the Governor's office. The goal of the workgroup is making Michigan the next Employment First state.

*Health Homes:* The Department is currently in the process of filling out an application for a state plan amendment that will identify CMH Health Home Regions. Michigan has received an 8-quarter federal grant to support the Health Home demonstrations. They hope to have the application submitted in December for an April 1<sup>st</sup> start date.

*Diversion Council:* Four regions have been identified for pilot projects. MDCH is in the process of hiring a State Coordinator for these projects that will report to Liz.

*The Standards Group (TSG):* They are looking to expand consumer representation on this group to provide additional guidance for policy development.

*Transformation Steering Committee (TSC):* They will continue to be the link to MDCH about how CAs are moving into the CMH system.

*Mental Health Innovation Grants and Mental Health First Aid (MHFA) RFP:* MDCH is reviewing applications for both funding opportunities. Liz described the Mental Health First Aid training that was started by the National Council for Behavioral Health that is the model Michigan is supporting. They want to train more than 7,000 lay people on MHFA. The group discussed some issues facing continuing peer training and perhaps decentralizing these trainings to the PIHPs.

*MI Child:* There is an issue with MI Child paying for psychotropic medications. MDCH is working quickly to resolve this issue.

*Medication Assisted Treatment Workgroup:* They are looking at all the payment sources involved in the behavioral health system and specifically focusing on how to make sure people who need medication assisted substance abuse treatment get it.

### **Recovery Voices Update**

This group had a meeting on the 12<sup>th</sup> of November. They are working on developing a Committees Board to develop committees based on specific skill sets of the members and make it easier for other members who may not normally attend the meetings to participate. The new website is: [themichiganrecoveryvoice.org](http://themichiganrecoveryvoice.org). The Board of Directors and lead officers will be able to write blog posts of their activities and they hope that other “voice” organizations will eventually be able to post as well. They are also looking at advocacy regarding legislation that impacts the recovery community. The group discussed CCAR training versus MCBAP training for recovery coaches. The BHAC had some discussion on this as well.

### **Recovery Council Update**

MDCH continues to evaluate where projects/programs/councils overlap or duplicate purposes while making sure consumer voice is heard and considered in policy and system development. It was decided to sunset the Recovery Council and move toward a more local approach. The Recovery Council’s last meeting was last week. They had a celebration and ended the meeting with a webcast from Irene Kazieczko from March 2011.

### **Recovery Allies of West MI**

Kevin McLaughlin went to a national meeting of recovery organization directors. He got some great ideas about collaborating with other recovery organizations and moving the recovery movement forward. The Faces and Voices of Recovery website will have information about this meeting in January.

### **Recovery-Oriented Systems of Care Steering Committee**

The last meeting included a discussion of the updates on the changes with the PIHP Regions and membership as well as how to assess how much transformation has taken place across the state and how to encourage additional implementation in areas where it is weak.

### **FY13 Draft Block Grant Behavioral Health Reports**

Karen explained that the Behavioral Health Report is for FY13 and because Michigan submitted separate Mental Health and Substance Abuse Block Grant Applications in FY13, there are separate Behavioral Health Reports. Karen updated the group on the state priorities and performance indicators related to adults with serious mental illness. Jennifer updated the group on the state priorities and performance indicators related to children with serious emotional disturbance. Sally moved and Linda seconded to submit a letter from the BHAC in support of the FY13 Mental Health Behavioral Health Report. The motion passed and Marcia will sign the letter.

Larry reported on some sections of the FY13 Substance Abuse Behavioral Health Report. Norm moved and Kevin O'Hare seconded to include reviewing the FY13 Substance Abuse Behavioral Health Report in the letter of support to SAMHSA. The motion was unanimously approved.

### **Michigan Youth Opportunities Initiative (MYOI) Presentation**

Nichole Martin from DHS and Stephanie Otis, MYOI president, presented to the group. Handouts were provided. The BHAC was also asked to write down any resources that would be useful for MYOI on a notecard to be returned to them.

### **BHAC Priorities**

Kristie discussed the letter that BHAC members had written and sent to Director Haveman re: Senate Bill 374. A recommendation for a comprehensive array of substance abuse services was developed with the input of multiple groups and sent to everyone. Further discussion occurred with MiSACA and a letter was generated by MiSACA recommending the top services that are preferred if the whole array is not possible.

Marcia asked the group to better hone in on specific action steps to address the four priority areas previously identified by the group. Mark R. indicated that the parity landscape has changed since federal parity will be effective in Michigan in January 2014. So advocating for parity is not the focus, now it is more monitoring to see if parity is being implemented. Ben Robinson supported the BHAC participating in monitoring activities. The Mental Health Association in Michigan has already done some preliminary work in this area. Norm indicated that just because policies do not outright deny services

for mental health and substance abuse, often systems will find other ways to “deny” services.

Some suggestions for presentations to the BHAC included: An Integrated Care Organization, Rick Murdock from the Michigan Association of Health Plans, Blue Cross Blue Shield, and the Department of Finance and Insurance. Kristie mentioned that she heard a presentation that the Department of Finance and Insurance gave on what is going to be available through the healthcare exchange and it was very informative. That presentation was specific to substance abuse, but it would be great if they could do a presentation to the BHAC and include mental health as well. The group supported this as an effort to educate the group.

Linda indicated that Partners for Parity is in a holding pattern at the moment. They want to examine every exchange plan in MI and others nationwide and also establish a “hotline” or electronic means of collecting information on complaints or concerns regarding the implementation. Mark’s group has submitted a grant application to pay for these activities and he will know if they got it in the 2<sup>nd</sup> week of December. He will inform the group of the outcome of the grant application.

#### **Public Comment**

Kristie announced that MiSACA is focusing on House Bill 4891, which is trying to get a dedicated funding stream for substance abuse services out of alcohol taxes. Many groups are supporting and advocating for the passage of this bill. MiSACA is also working with the Michigan Consumers for Health Care to help push Medicaid expansion through and suggested that others work with them as well. She asked that BHAC members consider someone from their organization to be a member of this group.

Karen will check to see about rescheduling the January 10<sup>th</sup> meeting to a later date in January and adding meetings in June, August, and November.

Chris moved to adjourn; Ben Robinson seconded. The meeting was adjourned at 2:45 p.m.